

All-Payer Claims Databases

November 16, 2010
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UNIVERSITY of NEW HAMPSHIRE



NATIONAL ASSOCIATION OF
HEALTH DATA ORGANIZATIONS



Topics

- National Overview
- Resource Center
- Lessons Learned
- Standardization
- Questions

National Overview

APCDs Are About Transparency

- Which hospitals have the highest prices?
- In what geographies is public health improving?
- What percentage of my employees have had a mammogram?
- If emergency room usage in Medicaid is higher than the commercial population, what are the drivers?
- What is the average length of time people are using antidepressant medications?
- How far do people travel for services? Which services?
- Hundreds of additional questions have been asked....

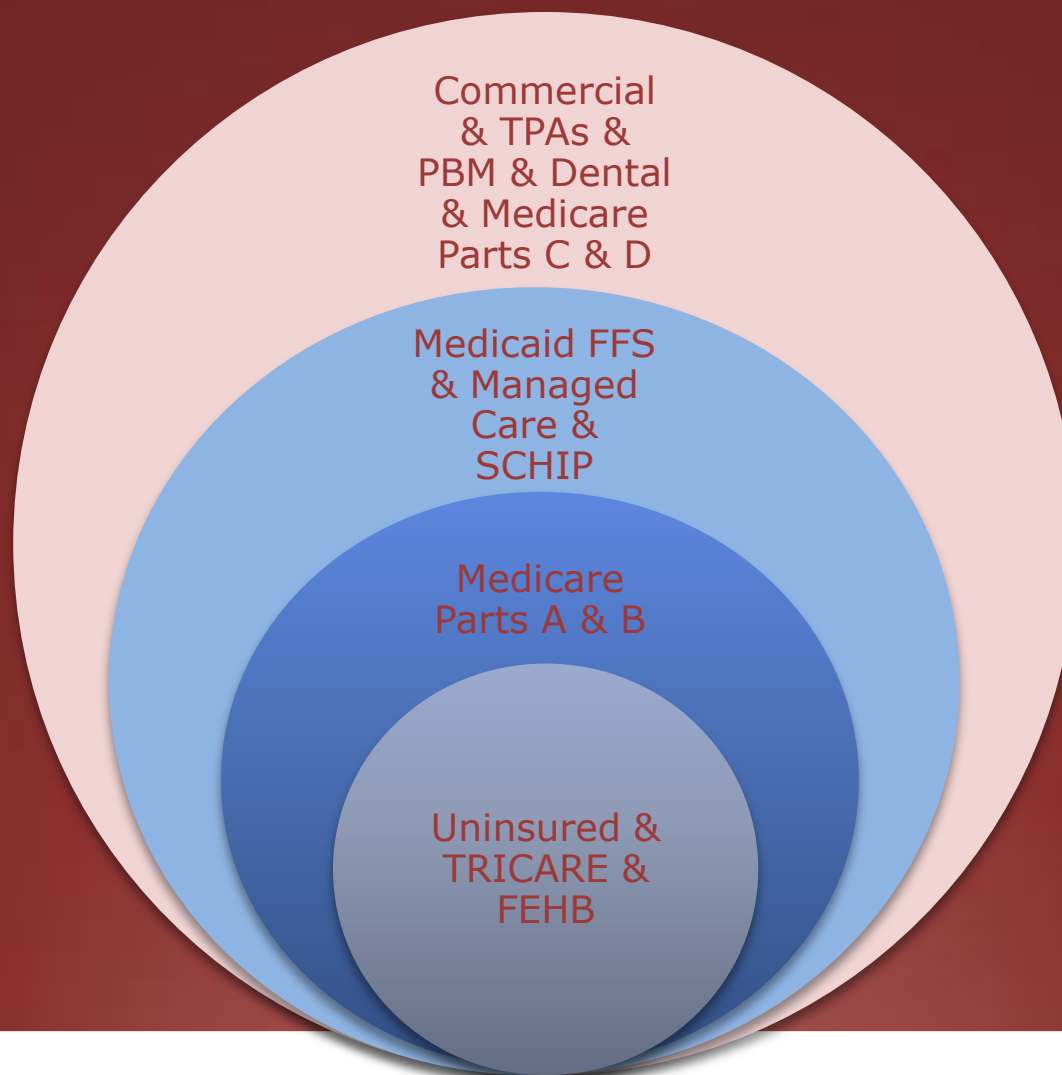
Definition of APCDs

- Databases, created by state mandate, that typically include data derived from medical, eligibility, provider, pharmacy, and/or dental files from private and public payers:
 - Insurance carriers (medical, dental, TPAs, PBMs)
 - Public payers (Medicaid, Medicare)

All Payer Road Map



Sources of APCD Data



Typically Included Information

- Encrypted social security
- Type of product (HMO, POS, Indemnity, etc.)
- Type of contract (single person, family, etc.)
- Patient demographics (date of birth, gender, residence, relationship to subscriber)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPC, CDT)
- NDC code / generic indicator
- Revenue codes
- Service dates
- Service provider (name, tax id, payer id, specialty code, city, state, zip code)
- Prescribing physician
- Plan payments
- Member payment responsibility (co-pay, coinsurance, deductible)
- Date paid
- Type of bill
- Facility type

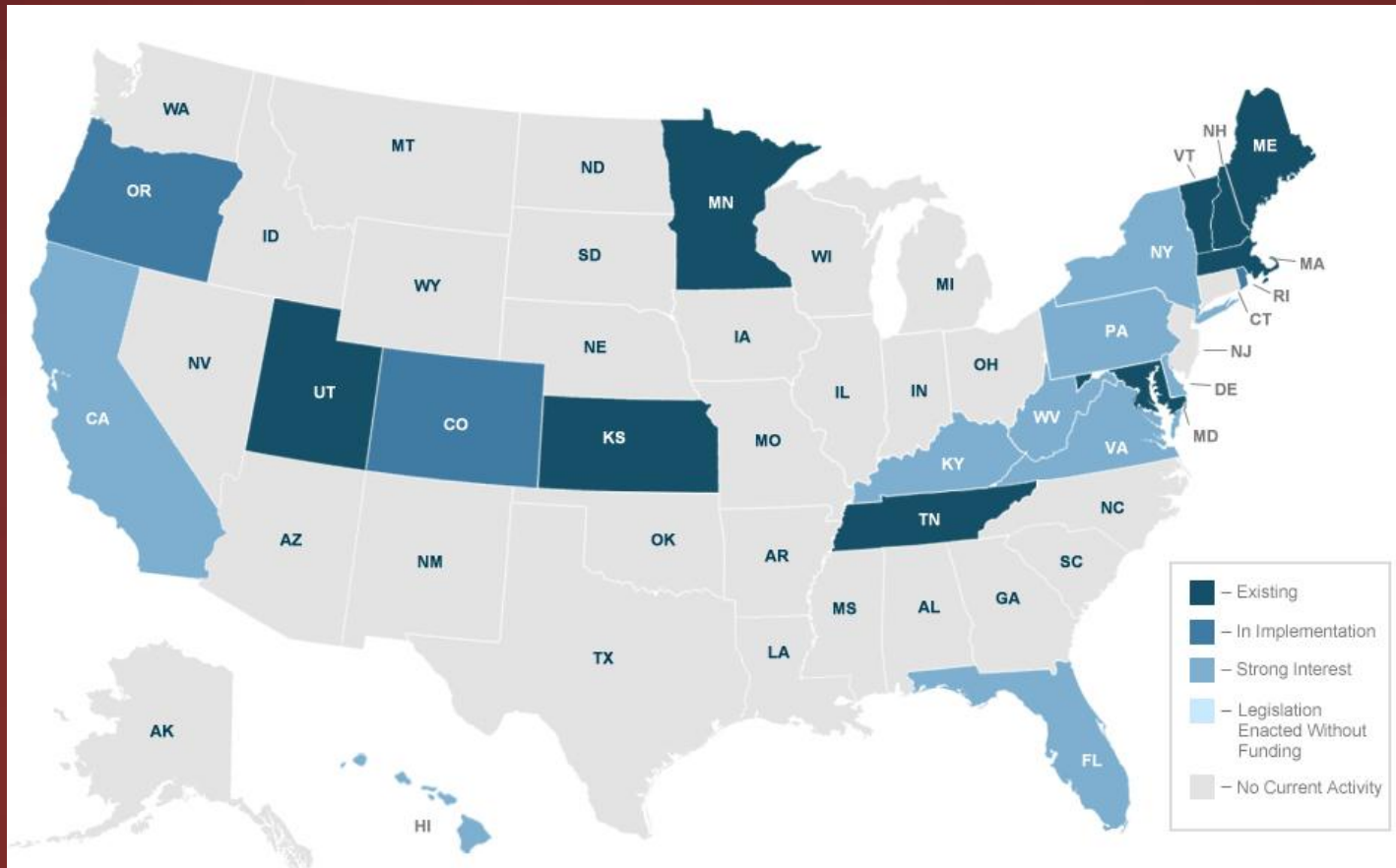
Typically Excluded Information

- Services provided to uninsured (few exceptions)
- Denied claims
- Workers' compensation claims
- Premium information
- Capitation fees
- Administrative fees
- Back end settlement amounts
- Referrals
- Test results from lab work, imaging, etc.
- Provider affiliation with group practice
- Provider networks

National Activities

- Standards Development
- Technical Assistance
- Web Resources
- Publications and Issue Briefs
- Annual Conference
- AHRQ USHIK Database
- Partners: APCD Council, NAHDO, States, Carriers, AHRQ, AHIP, NCPDP, AcademyHealth State Coverage Initiatives, Commonwealth Fund, NGA

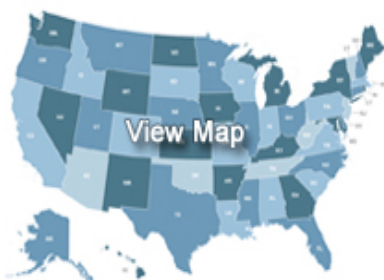
Status of State Government Administered All Payer / All Provider Claims Databases



Resource Center

Interactive State Reports Map

Click on a state to find out about the APCD in that state.



States: As information about the APCD changes in your state, please contact ashley.peters@unh.edu, so that we can keep the state profiles current.

Welcome to the APCD Council!

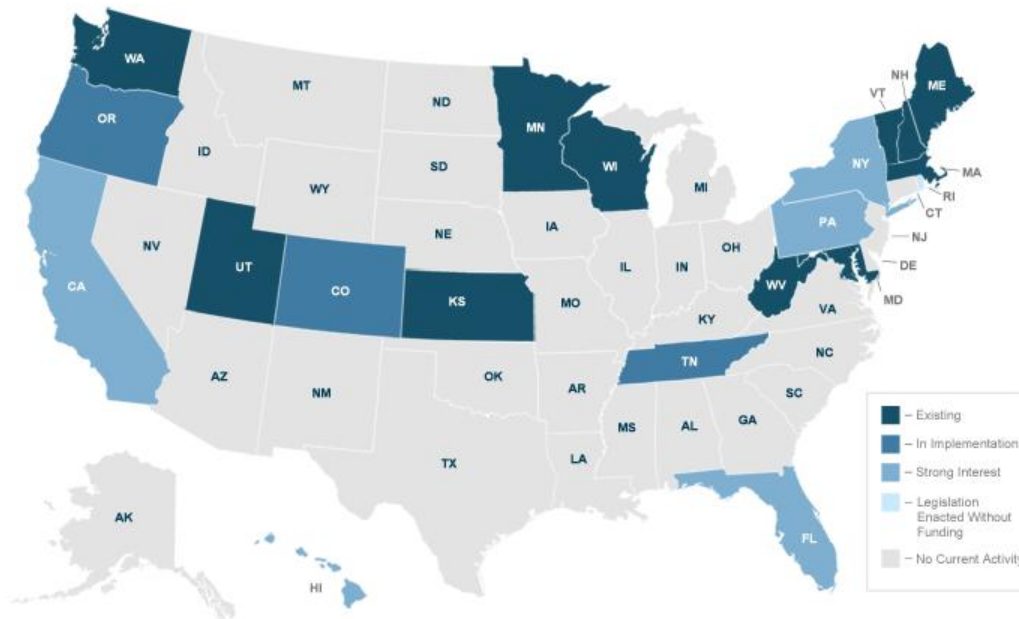
The APCD Council, formerly known as the **Regional All Payer Healthcare Information Council (RAPHIC)**, is a federation of government, private, non-profit, and education organizations focused on improving the development and deployment of state-based all payer claims databases (APCD). The APCD Council is convened and coordinated by the **Institute of Health Policy and Practice (IHPP)** at the **University of New Hampshire (UNH)** and the **National Association of Health Data Organizations (NAHDO)**.

RAPHIC was first convened in 2006 by UNH, IHPP staff with the goal of engaging future users of the Maine and New Hampshire APCDs in a discussion about multi-state collaboration. Soon after, states across the country joined the group. Currently, there is participation from nearly a dozen states. NAHDO was established in 1986 to promote the uniformity and availability of health care data for cost quality and access purposes. In 2007, NAHDO forged a collaboration with RAPHIC to expand APCD data initiatives beyond the north east region and to lead fund raising for APCD products and conference support. Together, NAHDO and RAPHIC have been coordinating a multistate effort to support state APCD initiatives and shape state reporting systems to be capable of supporting a broad range of information needs.

In response to a shift from a regional to nationwide focus, RAPHIC has changed its name to the APCD Council. The APCD Council will continue to work in collaboration with states to promote uniformity and use of APCDs.

Interactive State Report Map

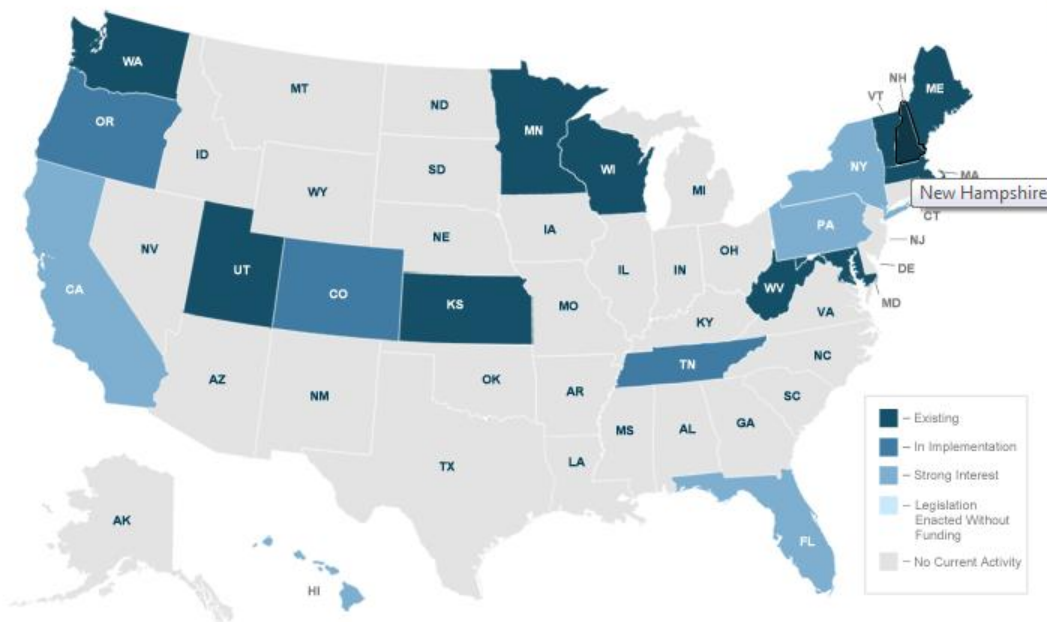
Click on the map to view APCD information about each state.



Supported by a grant from



Interactive State Report Map



New Hampshire

Title of APCD System

New Hampshire Comprehensive Health Care Information System

Who Maintains the System

NHCHIS reflects a partnership between NH Insurance Department and NH Department of Health and Human Services

Website

<http://www.nhchis.org/>

MORE INFORMATION ►

Supported by a grant from



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4 Library Way - Hewitt Hall, Suite 202 - Durham, NH 03824 - 603.862.5031 - info@apcd.org

New Hampshire



Title of APCD System:	New Hampshire Comprehensive Health Care Information System
Who Maintains the System:	NHCHIS reflects a partnership between NH Insurance Department and NH Department of Health and Human Services
Website:	http://www.nhchis.org/

Legal Authority

Statute:	http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-G/420-G-11-a.htm
Investment:	Approximately \$3M since 2005
Submission Rules:	http://www.gencourt.state.nh.us/rules/state_agencies/ins4000.html
Release Policy:	http://www.nhchis.org/

First Year APCD Collected Data:	2005
APCD Snapshot:	New Hampshire Comprehensive Healthcare Information System began accepting claims submissions in 2005 in response to a need for more transparency in the commercial insurance system. The drivers listed in their statute include the provision of a resource for continuous review of health care utilization, expenditures, and performance data by insurers, purchasers, employers, providers and state agencies. Also expressed was the goal to help consumers and employers make informed and cost effective health care choices. In addition, data were desired for comparison to Medicaid quality, cost, utilization, and price.

Number of Commercial Sources of Claims Data:	28
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Sources and Status of APCD Data Collection

Payers	Currently Collected	Planned Collection
Commercial Payers	Yes	
Third Party Administrators/Self-Funded	Yes	
Medicaid	Yes	

Types of Data Collected	Currently Collected	Planned Collection
Medical Claims	Yes	
Eligibility	Yes	
Dental	Yes	
Pharmacy	Yes	
Other	Also planned is the collection of some form of uninsured claim information.	

Primary Users/Uses:	Analyses of cost, HEDIS, system utilization, episode, and geographical differences. Also provides medicaid payment rate benchmarking and competition within the commercial health market.
Future Plans:	None at this time.
Consumer Website:	www.nhhealthcost.org
Contact Information:	For more information please contact Andrew Chalsma at achalsma@dhhs.state.nh.us .

Resources

Building an APCD

[Step 1: Getting Started in Your State](#)

[Step 2: Legislation for Claims Data Collection](#)

[Step 3: Data Collection Rules](#)

[Step 4: Data Release Rules](#)

Meetings and Conferences

Newsroom

Policy Briefs and Reports

Step 1: Getting Started in Your State

Applications of All-Payer Claims Data

The following resources provide a general overview of how APCDs can be applied:

- ["Overview of All-Payer Claims Databases" Presentation, Miller 2010](#)
- [Academy Health - All-Payer Claims Databases: An Overview for Policymakers](#)
- [APCD Development Progress per State](#)

Utilization of All-Payer Claims Data

The following sites link to reports or web sites that use claims data:

- [VHCURES Reports](#)
 - [2007- 2008 Vermont Healthcare Utilization Profile Highlights](#)
 - [2007- 2008 Vermont Healthcare Utilization Profile Report](#)
 - [2008 Vermont Expenditure and Utilization Report](#)
- [NH CHIS](#) – See "Data and Reports" for examples of reports that the New Hampshire Department of Health and Human Services has released based on claims data analysis.
- [NH Health Cost](#) - This web site uses the New Hampshire claims data to provide information about the price of medical care in NH.
- [APD Applications Resource Guide](#) - This document summarizes many of the projects that use claims data. It provides the project sponsor, a description of the project, and links to project web sites (when available).
- [All-Payer Analysis of Variation in Healthcare in Maine](#)
- [Maine HealthCost](#) - This web site uses the Maine claims data to provide information about the price of medical care in Maine
- [West Virginia Compare Cost](#)

Experiences and Lessons Learned

Something for Everyone...An Evolution

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD (Federal government, etc.)

Changing Landscape 2005-10

- Increased Transparency Efforts
- Employer Coalitions
- Payment Reform
 - Patient Centered Medical Home
 - Accountable Care Organizations
- Health Information Exchange (HITECH)
- Health Reform

Implementation Starting Point

- Location of State Authority by Statute
- Funding
- Development of Collection Rules
 - Covered Populations
 - Submission Frequency
 - Thresholds and Exclusions Examples
- Development of Release Rules
- Location of Processing
- Payer Relations
- Multi-Stakeholder Issues and Cooperation

APCD Challenges

- Completeness of Population Captured
- Provider as Unit of Analysis
- Retroactive Payment Adjustments
- To-be-Developed Payment Methodologies
- Consistency Amongst State Databases
- Ability to Link to Other Sources
- State Revenue Models
- Federal Engagement
- Standardization (see next section)

Lessons Learned

- Be Transparent and Document
- Transactional vs. Non-Transactional Uses
- Integration and Linkage Opportunities
- Payer Relationships
- Understanding of Data Across Payers
- Local User Consortia
- Data Management and Data Analytic Contracting

Standardization

Areas for Standardization

- Data collection / submission
 - Aligning to HIPAA Standards
 - Efficiencies in metadata, reporting, analysis, and application development
- Data release
 - Political and state-driven

Work Plan

- Comparison of 6 states' APCD data elements for submission is complete; including mapping to HIPAA reference standards for each element
 - Maine
 - New Hampshire
 - Vermont
 - Minnesota
 - Tennessee
 - Massachusetts
- Concurrently, working with AHRQ/USHIK

Work Plan

- Pharmaceutical Claims
 - NCPDP review of APCD pharmaceutical data elements with APCD Council and states
- Eligibility and Medical Claims
 - AHRQ Task Order

Work Plan

- September 2010: Expert consultants reviewing proposed core set of APCD data elements
- October 2010: states will vet proposed temporary core set of elements and method to address state specific elements
- November 2010: APCD Technical Advisory Panel will vet and complete plan for advancing an APCD standard

Technical Advisory Panel Invitees

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- America's Health Insurance Plans (AHIP)
- Individual Payers (e.g., Aetna, Cigna, Harvard Pilgrim Healthcare, Humana, United Health Care)
- Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)
- Centers for Medicare and Medicaid Services (CMS)
- National Association of Health Data Organizations (NAHDO)
- National Association of Insurance Commissioners (NAIC)
- National Conference of State Legislatures (NCSL)
- National Governors Association (NGA)
- Office of the Assistant for Planning and Evaluation (ASPE)
- State Health Plan Associations - various

Claims Data Applications

Detailed estimates for Arthroscopic Knee Surgery (outpatient)

Procedure: [Arthroscopic Knee Surgery \(outpatient\)](#)

Insurance Plan: Anthem-HMO, Within 50 miles of 03301, Deductible and Coinsurance Amount: \$50.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM SURGERY CENTER	\$363	\$2822	\$3185	HIGH	VERY LOW	603.898.3610
CONCORD HOSPITAL	\$383	\$3006	\$3389	MEDIUM	MEDIUM	603.228.7145
DARTMOUTH HITCHCOCK SOUTH	\$398	\$3135	\$3533	LOW	MEDIUM	603.650.5000
LAKES REGION GENERAL HOSPITAL	\$469	\$3776	\$4245	LOW	MEDIUM	603.527.7171
MARY HITCHCOCK MEMORIAL HOSPITAL	\$509	\$4135	\$4644	HIGH	MEDIUM	603.650.5000
SOUTHERN NH MEDICAL CENTER	\$522	\$4254	\$4776	MEDIUM	MEDIUM	603.577.2000
WENTWORTH DOUGLASS HOSPITAL	\$524	\$4266	\$4790	MEDIUM	HIGH	603.742.5252
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$548	\$4483	\$5031	MEDIUM	MEDIUM	603.436.5110
PORTSMOUTH AMBULATORY SURGERY CENTER	\$596	\$4918	\$5514	HIGH	MEDIUM	603.433.0941
ST JOSEPH HOSPITAL	\$619	\$5129	\$5748	HIGH	MEDIUM	603.882.3000
FRISBIE MEMORIAL HOSPITAL	\$670	\$5587	\$6257	MEDIUM	MEDIUM	
MONADNOCK COMMUNITY HOSPITAL	\$701	\$5867	\$6568	LOW	HIGH	603.924.7191
EXETER HOSPITAL	\$731	\$6131	\$6862	HIGH	MEDIUM	603.778.7311
FRANKLIN REGIONAL HOSPITAL	\$816	\$6898	\$7714	MEDIUM	MEDIUM	603.527.7171
NEW LONDON HOSPITAL	\$826	\$6988	\$7814	MEDIUM	VERY LOW	603.526.2911



[QUESTIONS OR COMMENTS?](#)

Please contact:
Maine Health Data
Organization
Phone: 207-287-6722

[Click here to read about choosing Doctors and Hospitals on the Maine Quality Forum's website](#)

PROCEDURE PAYMENTS FOR THE INSURED

[SELECTION SUMMARY](#)

Procedure: Colonoscopy (cpt4:45378)
Insurer: Anthem Blue Cross and Blue Shield with Preferred Provider Organization (PPO)
Search Radius: The Entire State
Data used for report: 12/01/2005 through 11/30/2007

If you wish to modify your criteria, click [Here](#).

To PRINT this report, click [Here](#).

Lead Provider	Estimate of Combined Payments	Precision of the Estimate	Patient Complexity	Distance to Provider
Mercy Hospital Phone: (207) 879-3000	\$559	Very Low 	High 	50.69 miles away from 04333.
Northern Maine Ambulatory Endoscopy Phone: (207) 764-0679	\$761	Very High 	Very Low 	185.10 miles away from 04333.
Portland Endoscopy Center Phone: (207) 773-7964	\$828	Very High 	Very Low 	50.69 miles away from 04333.
Maine Medical Center Phone: (207) 662-0111	\$833	Very Low 	Medium 	51.61 miles away from 04333.
Central Maine				18.57



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STATEWIDE PROCEDURE PAYMENTS

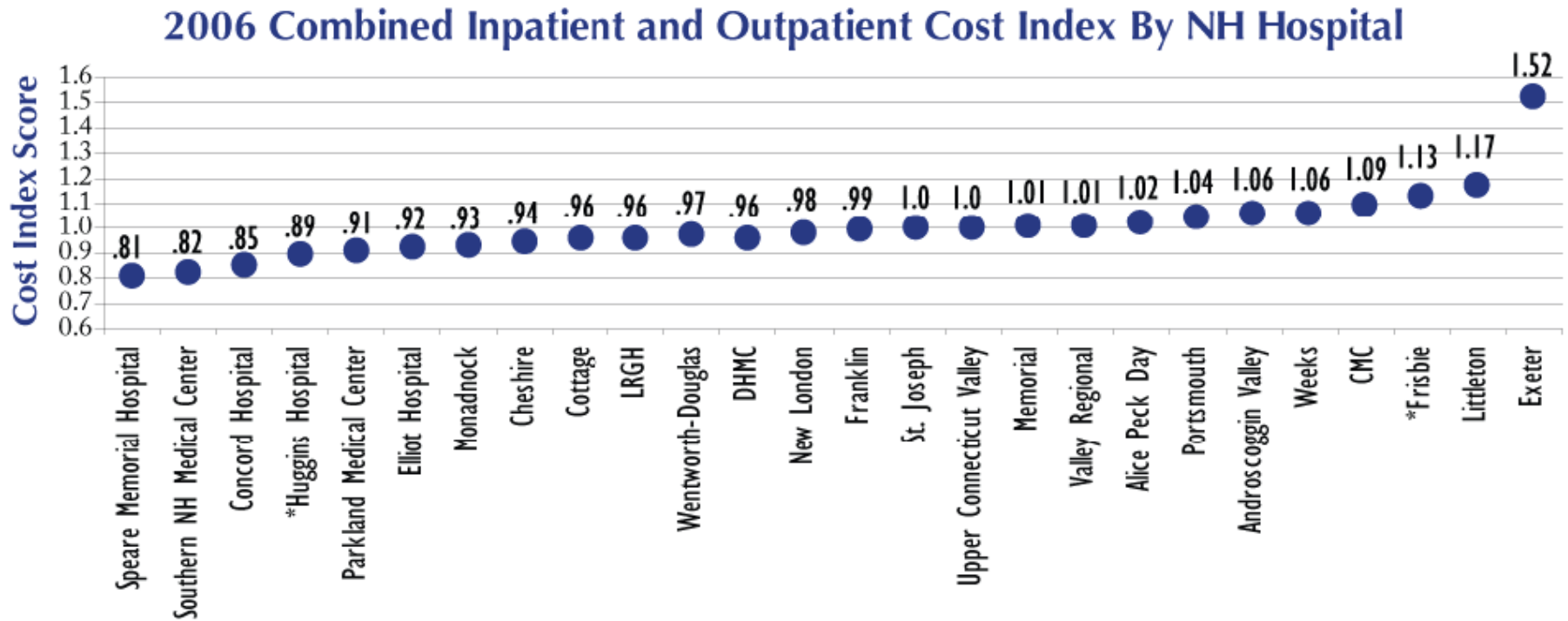
Description: The chart below contains statewide pricing information across all insurance carriers and all medical providers. The chart provides average total charge and payment information, and the individual professional and facility components.

Data used for report: 12/01/2005 through 12/27/2007

Procedure Description	CPT4 Procedure Code	Average Professional Charges	Average Professional Payments	Average Facility Charges	Average Facility Payments	Average Total Charges	Average Total Payments
Arthroscopic Knee Surgery (Outpatient) View Histogram	29881	\$2,998	\$1,493	\$4,221	\$3,698	\$7,219	\$5,191
Biopsy - Breast (Auto Vacuum) View Histogram	19103	\$1,475	\$671	\$2,502	\$2,190	\$3,977	\$2,861
Bronchoscopy View Histogram	31622	\$4,338	\$2,203	\$7,304	\$6,559	\$11,643	\$8,762
Carpal Tunnel Release View Histogram	64721	\$1,729	\$898	\$2,341	\$2,034	\$4,070	\$2,932
Colonoscopy View Histogram	45378	\$751	\$349	\$1,223	\$1,054	\$1,974	\$1,403
Colposcopy With Biopsy View Histogram	57454	\$618	\$355	\$271	\$258	\$889	\$613
CT - Abdomen View Histogram	74160	\$288	\$101	\$1,164	\$951	\$1,452	\$1,053
CT - Chest View Histogram	71260	\$289	\$93	\$1,140	\$968	\$1,429	\$1,061
CT - Head (Without Contrast Material) View Histogram	70450	\$178	\$66	\$797	\$652	\$974	\$718
CT - Pelvis View Histogram	72193	\$251	\$90	\$1,042	\$852	\$1,293	\$942
Gallbladder Removal View Histogram	47562	\$3,442	\$1,907	\$7,573	\$6,643	\$11,016	\$8,551
Hernia Repair (Outpatient) View Histogram	49505	\$2,117	\$1,323	\$4,998	\$4,358	\$7,115	\$5,681
Kidney Stone Removal View Histogram	50590	\$3,053	\$1,466	\$6,566	\$5,578	\$9,619	\$7,044
Mammogram (Screening) View Histogram	76092, 77057, G0202	\$81	\$50	\$140	\$127	\$221	\$177
MRI - Back View Histogram	72148	\$318	\$117	\$1,288	\$1,048	\$1,606	\$1,166
MRI - Knee View Histogram	73721	\$253	\$109	\$1,162	\$973	\$1,416	\$1,083
MRI - Pelvis View Histogram	72193	\$251	\$90	\$1,042	\$852	\$1,293	\$942


Source: ME Health Data Organization

NH Hospital Acute Care Pricing Comparison



Source NH Insurance Department, 2008

For Physicians & Providers
For Insurers & Employers

MyHealthCareOptions™


A Health Care Resource Provided by the Commonwealth of Massachusetts Health Care Quality and Cost Council

For Patients & Families
About The Ratings
Frequently Asked Questions
Resources & Tools
About Us
Feedback

➤ Comparison of Providers

Start New Search
Return to Search Results
Bookmark

Choose a Topic

Patient Safety
Patient Safety
Serious Reportable Events
Surgical Care

Patient Experience
Patient Experience

Bone and Joint Care
Back Procedure
Hip Fracture
Hip Replacement
Knee Replacement

Cardiovascular Disease
Angioplasty
Bypass Surgery
Cardiac Screening Tests
Heart Attack
Heart Failure
Heart Valve Surgery
Stroke

Digestive System
Gall Bladder
Intestinal Surgery
Weight-loss Surgery

Obstetrics
Cesarean Section
Normal Newborn
Ultrasound
Vaginal Delivery

Outpatient Diagnostic
CT Scan
MRI

Cardiovascular Disease: Bypass Surgery

Bypass surgery involves transplanting a blood vessel from your leg or chest to the heart to get around (or "bypass") a blockage in the heart's blood supply. [\(more\)](#)

Diagnostic classification: Coronary Bypass with cardiac catheterization (APR-DRG 165); Coronary Bypass only (APR-DRG 166)

Summarized Report
View Detailed Report
View Statewide Procedure Costs

Quality of Care
(more)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Quality Rating	★★	★★	★★
Statistical Significance	Not different from State Average Quality	Not different from State Average Quality	Not different from State Average Quality

Cost of Care
(more)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Cost Rating	\$	\$\$	\$\$\$
Statistical Significance	Below Median State Cost	Not Different from Median State Cost	Above Median State Cost

Boston Medical Center [remove](#)
Brigham & Women's Hospital [remove](#)
Massachusetts General Hospital [remove](#)

Quality of Care - State Legend
★ Below State Average Quality.
★★ Not Different from State Average Quality.
★★★ Above State Average Quality.
N/A Not enough information was reported.

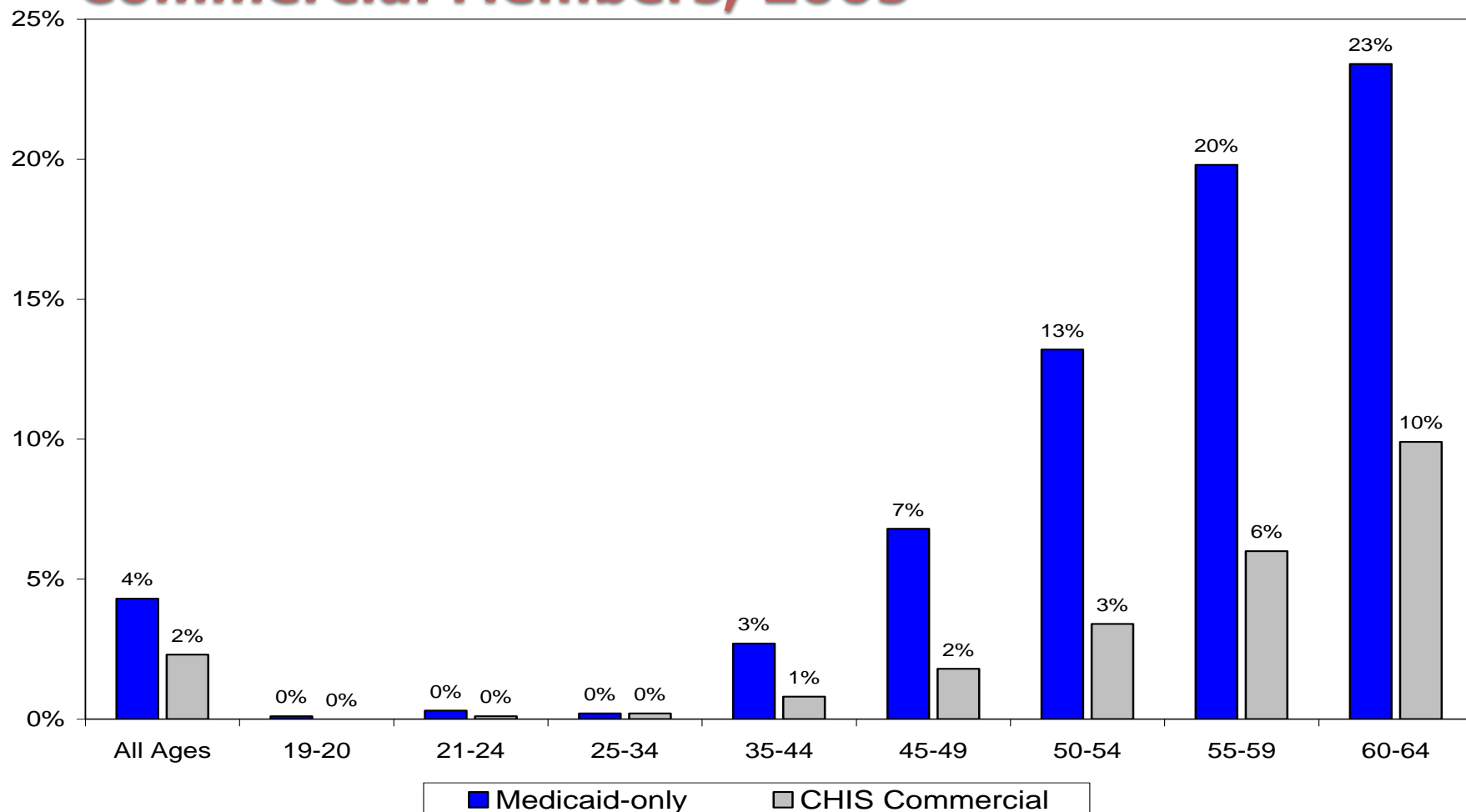
Source: <http://hcqcc.hcf.state.ma.us/Default.aspx>

Payment Rate Benchmarking

Procedure Code	Average Payment Including Patient Share, 2006			
	Health Plan 1	Health Plan 2	Health Plan 3	NH Medicaid
99203 Office/Outpatient Visit New Patient, 30min	\$124	\$115	\$130	\$42
99212 Office/Outpatient Visit Established Patient, 10min	\$51	\$48	\$52	\$30
99391 Preventive Medicine Visit Established Patient Age <1	\$111	\$102	\$107	\$61
90806 Individual psychotherapy in office/outpatient, 45-50min	\$72	\$71	\$71	\$61

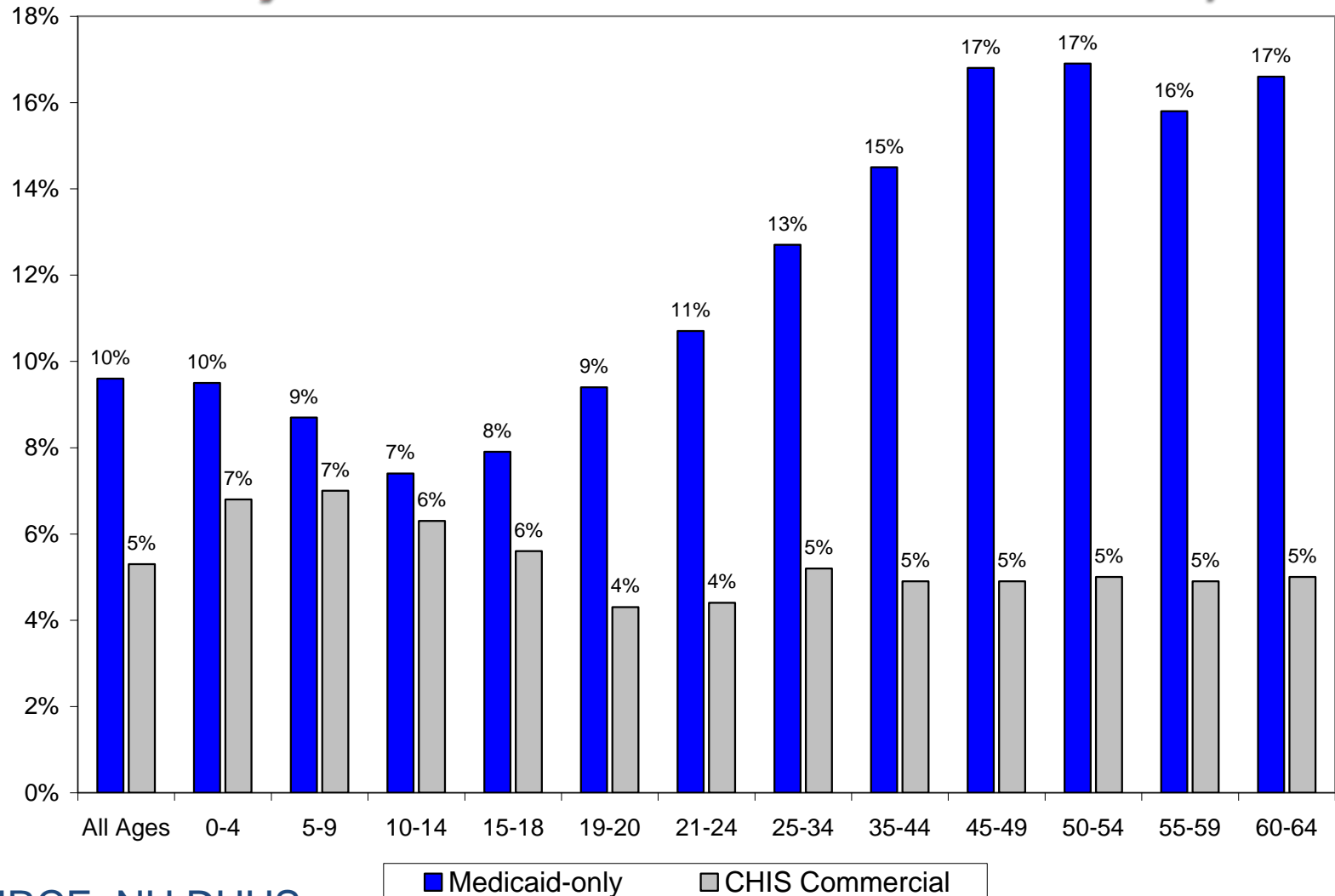
SOURCE: NH DHHS

Prevalence of Adult Coronary Artery Disease by Age, NH Medicaid (non-Dual) and NH CHIS Commercial Members, 2005



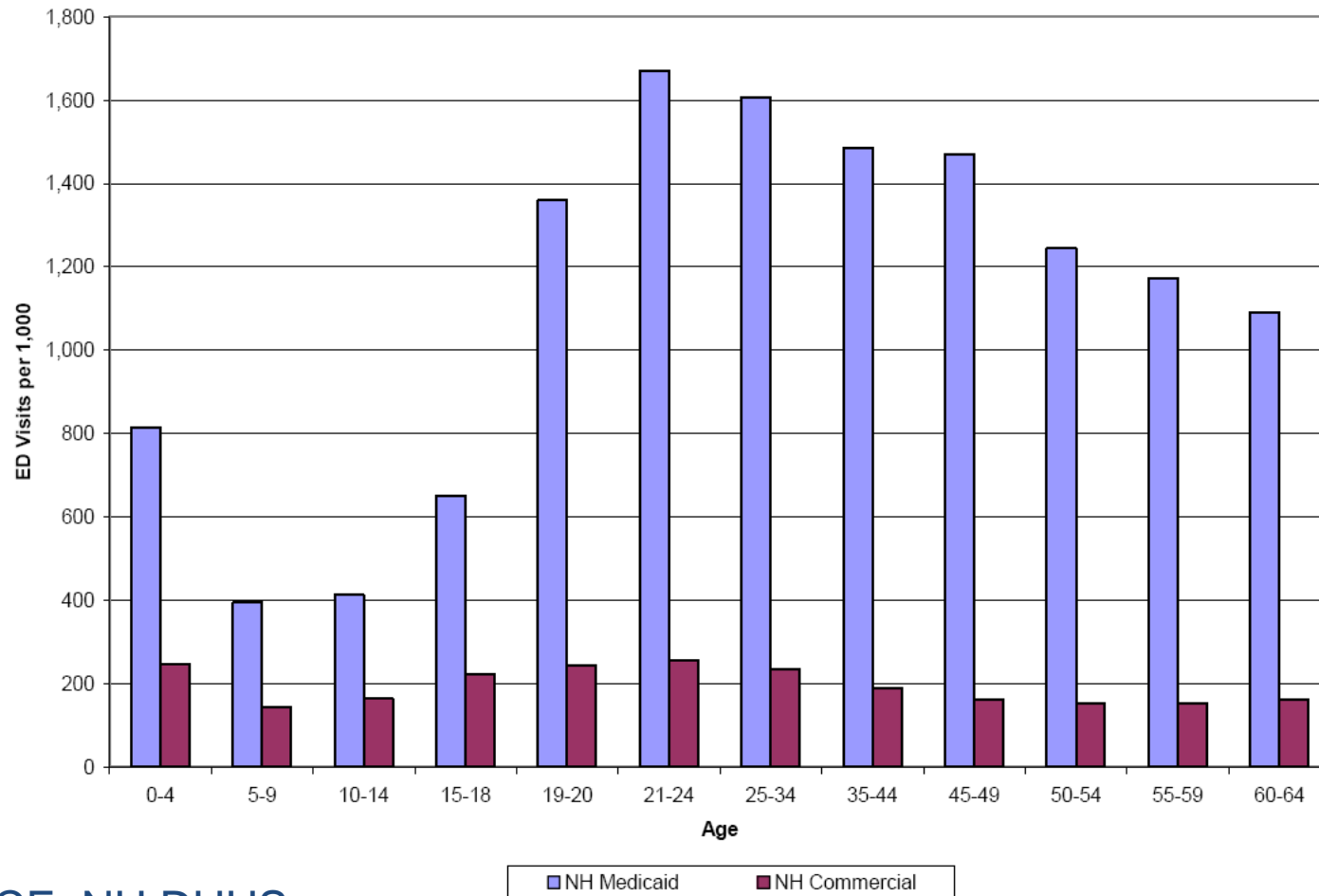
SOURCE: NH DHHS

Prevalence of Asthma by Age, NH Medicaid (non-Dual) and NH Commercial Members, 2005



SOURCE: NH DHHS

Figure 2. Emergency Department Visit Rates by Age: Medicaid Compared to NH Commercial Members, 2005 *Note: age 65 and older not shown, no comparative commercial population*



SOURCE: NH DHHS

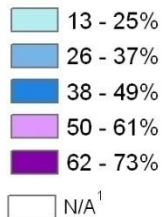
Change in Distribution of Costs by Insurance Type: Concord



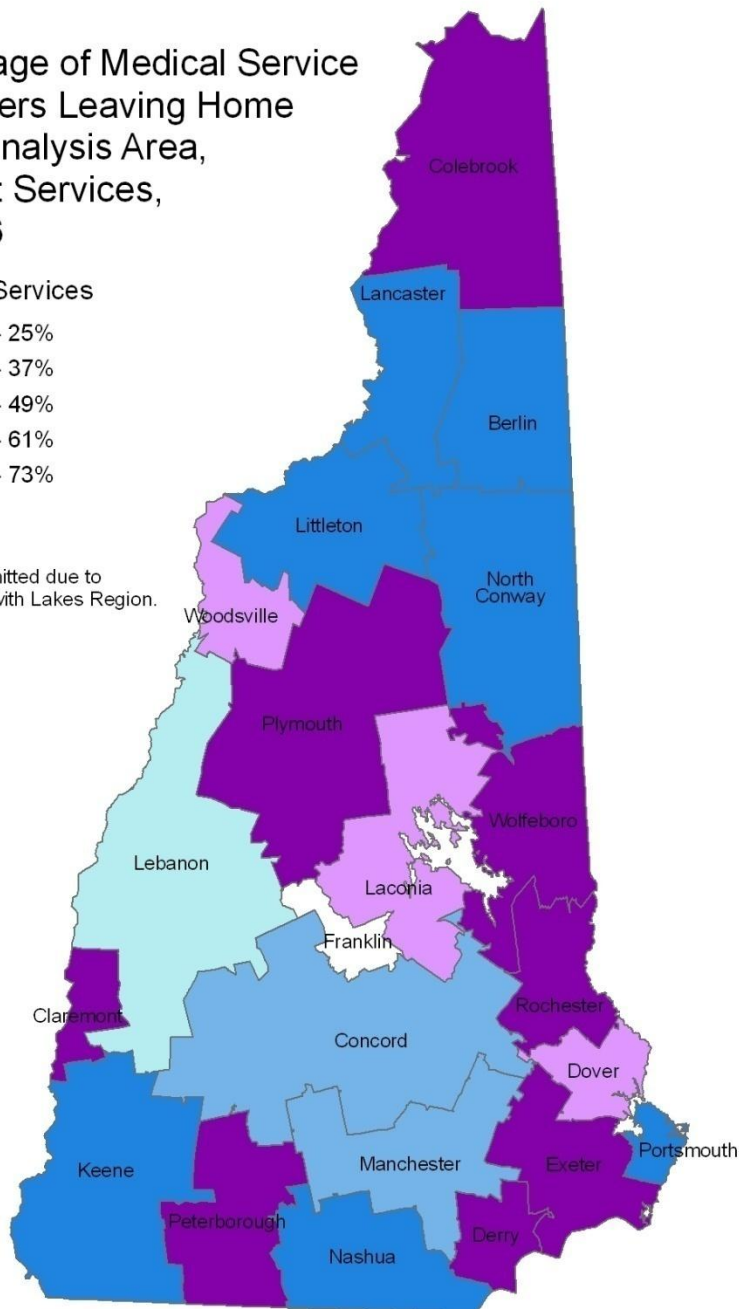
SOURCE: UNH

Percentage of Medical Service Encounters Leaving Home Health Analysis Area, Inpatient Services, CY 2006

Percent of Services

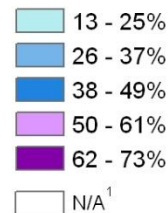


¹Franklin HAA omitted due to hospital merger with Lakes Region.

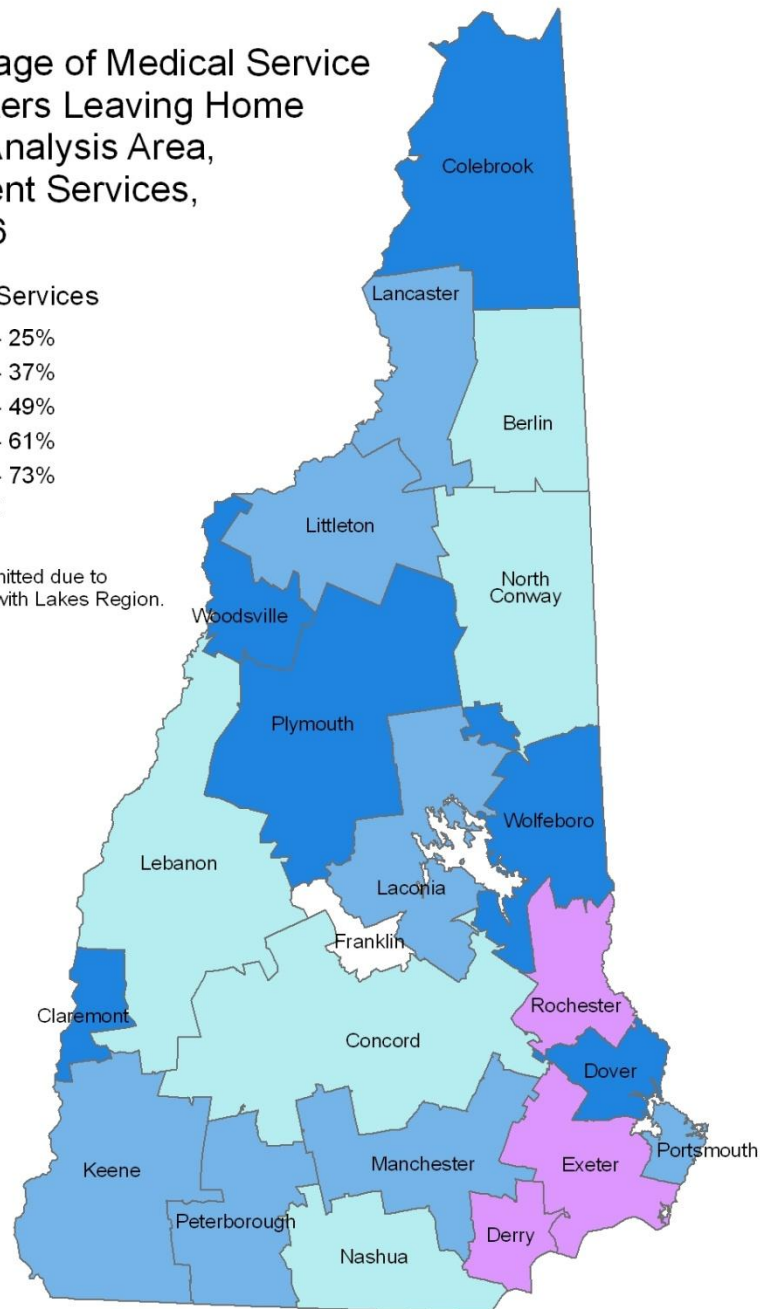


Percentage of Medical Service Encounters Leaving Home Health Analysis Area, Outpatient Services, CY 2006

Percent of Services



¹Franklin HAA omitted due to hospital merger with Lakes Region.



Summary Metrics

COMPANY ABC and NH Benchmark

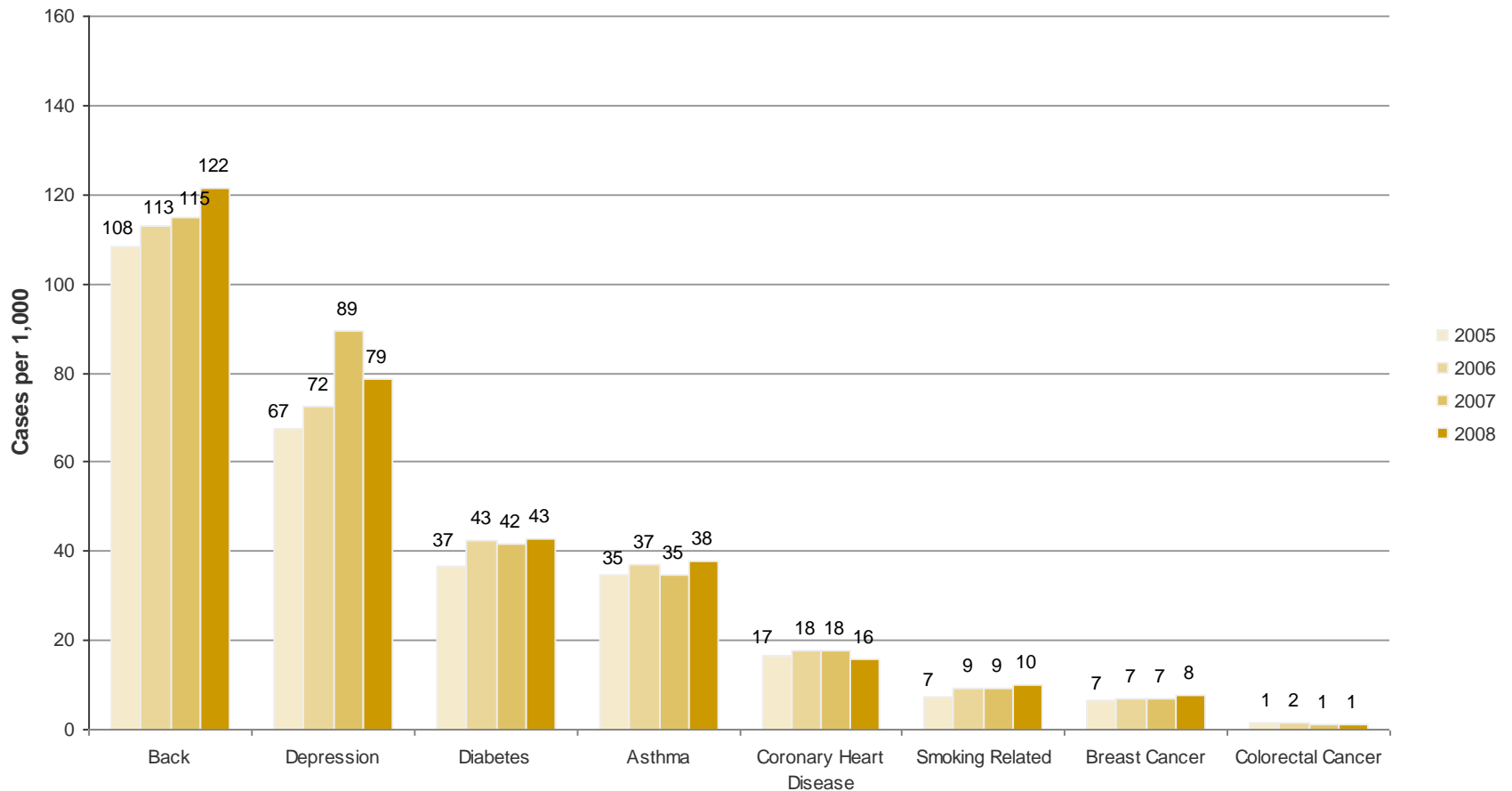
DEMOGRAPHICS	2005	2006	2007	2008	NH BENCHMARK 2008
Average Members	8,736	8680	8647	8786	114,457
Average Age (Yrs)	36.3	36.7	37.6	37.7	39.2
Percent Female (%)	53.4 %	53.2 %	52.8%	52.7%	53.0%
MEDICAL CLAIM PAYMENTS	2005	2006	2007	2008	NH BENCHMARK 2008
Total Plan Payments (Millions)	\$25.8	\$30.4	\$29.9	\$33.7	\$481.2
Plan Paid PMPM	\$246	\$291	\$288	\$320	\$350
Plan PMPM Trend from Previous Year	NA	19%	-1%	11%	10%
Member Paid PMPM	\$9	\$9	\$8	\$9	\$8
PHARMACY PAYMENTS	2005	2006	2007	2008	NH BENCHMARK 2008
Total Pharmacy Payments (Millions)	\$5.1	\$5.9	\$6.6	\$7.3	NA
Plan Paid PMPM	\$49	\$57	\$63	\$69	NA
Plan PMPM Trend from Previous Year	NA	17%	12%	8%	NA
Member Paid PMPM	\$13	\$14	\$14	\$13	NA

Pharmacy data for some New Hampshire employers currently is under review.

SOURCE: NHPGH

Prevalence of Selected Conditions

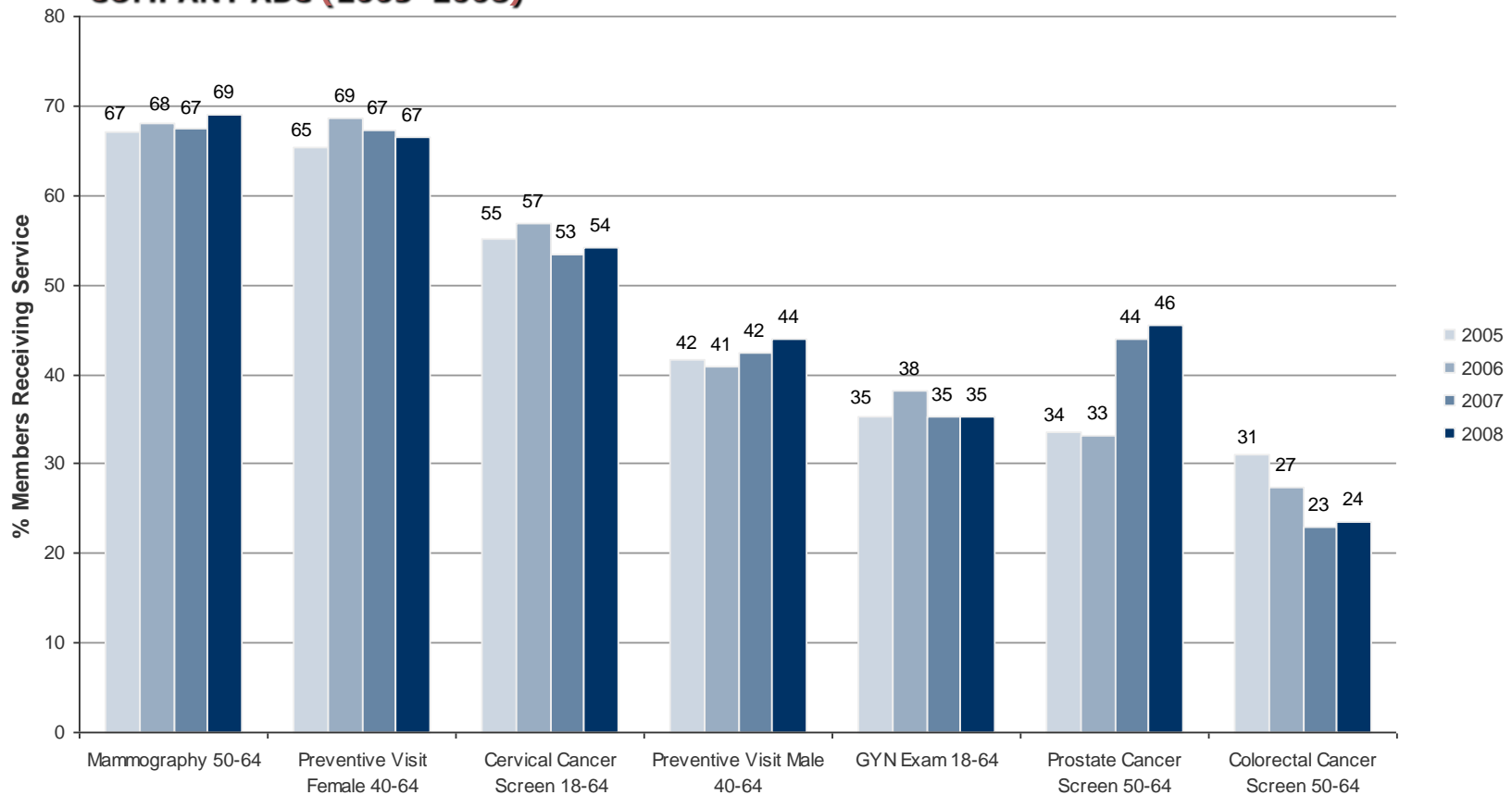
COMPANY ABC (2005–2008)



SOURCE: NHPGH

Percent Members Receiving Preventive Services

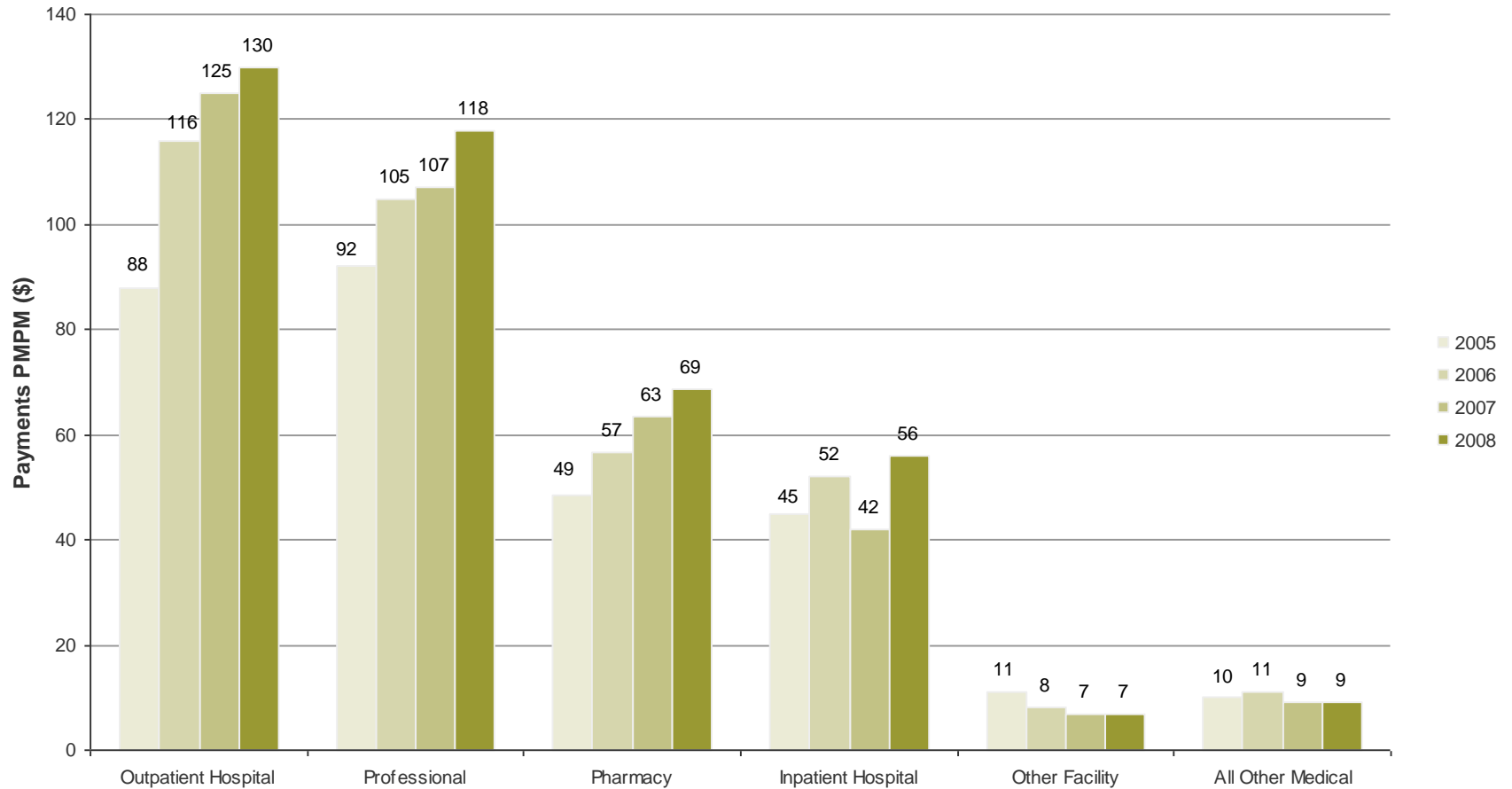
COMPANY ABC (2005-2008)



SOURCE: NHPGH

Healthcare Plan Payments PMPM by Category

COMPANY ABC (2005-2008)



SOURCE: NHPGH

ETGs for Joint Degeneration—Spine

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

JOINT DEGENERATION— SPINE	WITH SURGERY	WITHOUT SURGERY
ETG-Subclass	721-08	722-08
Number of Episodes	802	15,830
% with MRI	84%	26%
% with CT-Scan	12%	2%
% with Standard Musculoskeletal Imaging	82%	36%
% with Chiropractor	20%	50%
% with Osteopathic Manipulation	12%	10%
% with Physical Medicine or Rehab	61%	54%
Avg. Payment per Episode	\$18,088*	\$1,605

* The average payment for 272 episodes with spinal fusion was \$28,290 compared with \$12,853 for 530 episodes with other types of spinal surgery such as laminectomy or disectomy.

SOURCE: ONPOINT HEALTH DATA

ETGs for Benign Conditions of the Uterus

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

BENIGN CONDITIONS OF THE UTERUS	HYSTERECTOMY	OTHER SURGICAL PROCEDURES	WITHOUT SURGERY
ETG-Subclass	646	646	647
Number of Episodes	938	2,183	7,369
% with CT-Scan	11%	15%	9%
% with Ultrasound	57%	67%	45%
% with Hysteroscopy	7%	48%	9%
% with Colposcopy	1%	2%	17%
% with Endometrial biopsy	20%	13%	9%
Average Payment per Episode	\$11,074	\$7,994	\$1,273

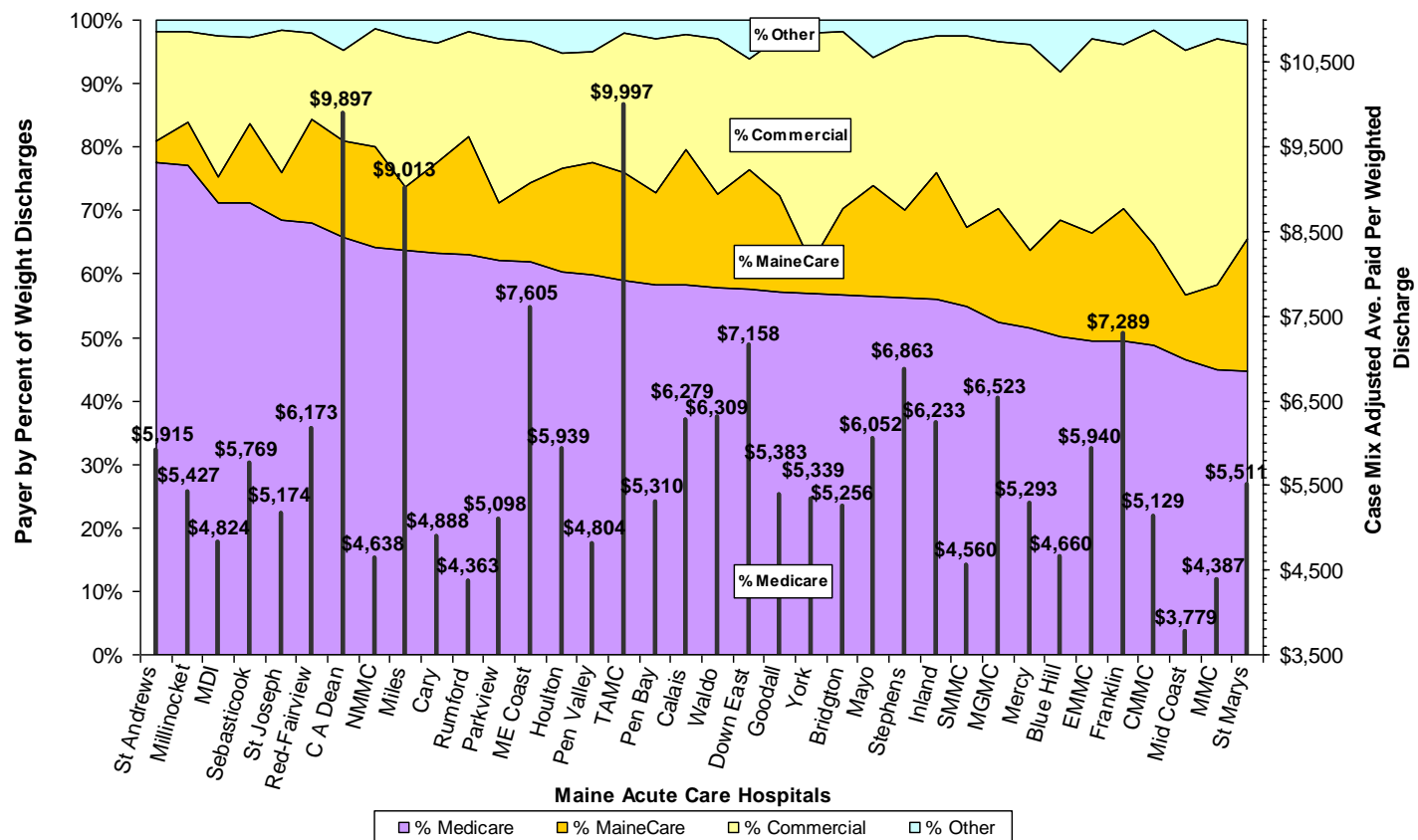
The average episode payment for members with abdominal hysterectomy was \$11,221, and the average payment for members with vaginal hysterectomy was \$10,990. Of members with a hysterectomy, 66% had abdominal and 34% had vaginal hysterectomy. Other surgical procedures included hysteroscopy ablation, laparoscopic removal of lesions, myomectomy, and removal of ovarian cysts.

SOURCE: ONPOINT HEALTH DATA

Maine Acute Care Hospitals

Medicare Inpatient

Payer Distribution by Weighted Discharges (from Inpatient Data) and Case Mix Adjusted Average Commercial Paid Amount per Weighted Discharge (from Commercial Inpatient Data and Commercial Claims Data) 2007 - Sorted by Medicare

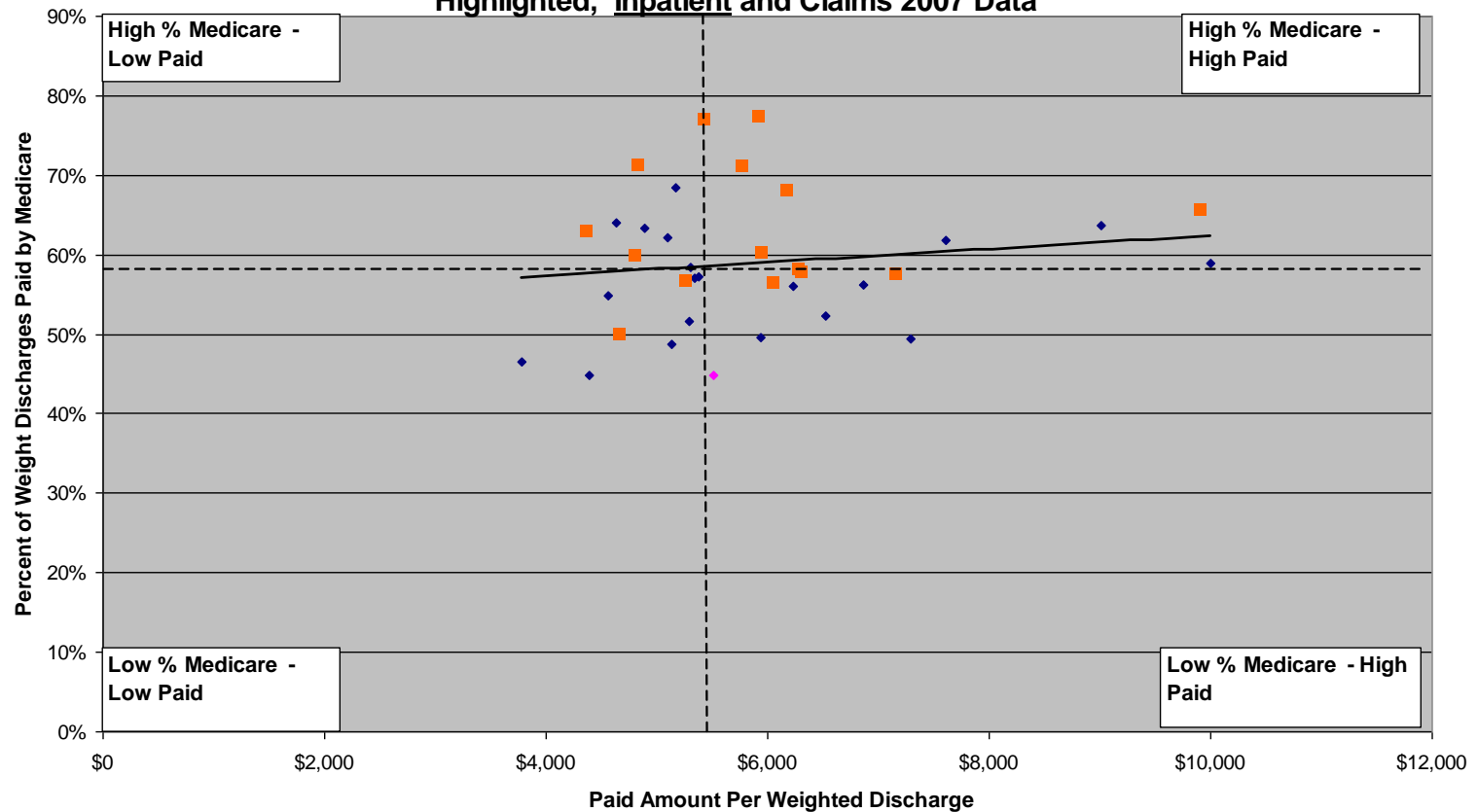


Source: Maine Health Data Organization

Maine Acute Care Hospitals

Medicare inpatient

Correlation Between Percent Medicare as Payer and Case Mix Adjusted Average
Commercial Paid Amount per Weighted Discharge, Critical Access Hospitals
Highlighted, Inpatient and Claims 2007 Data

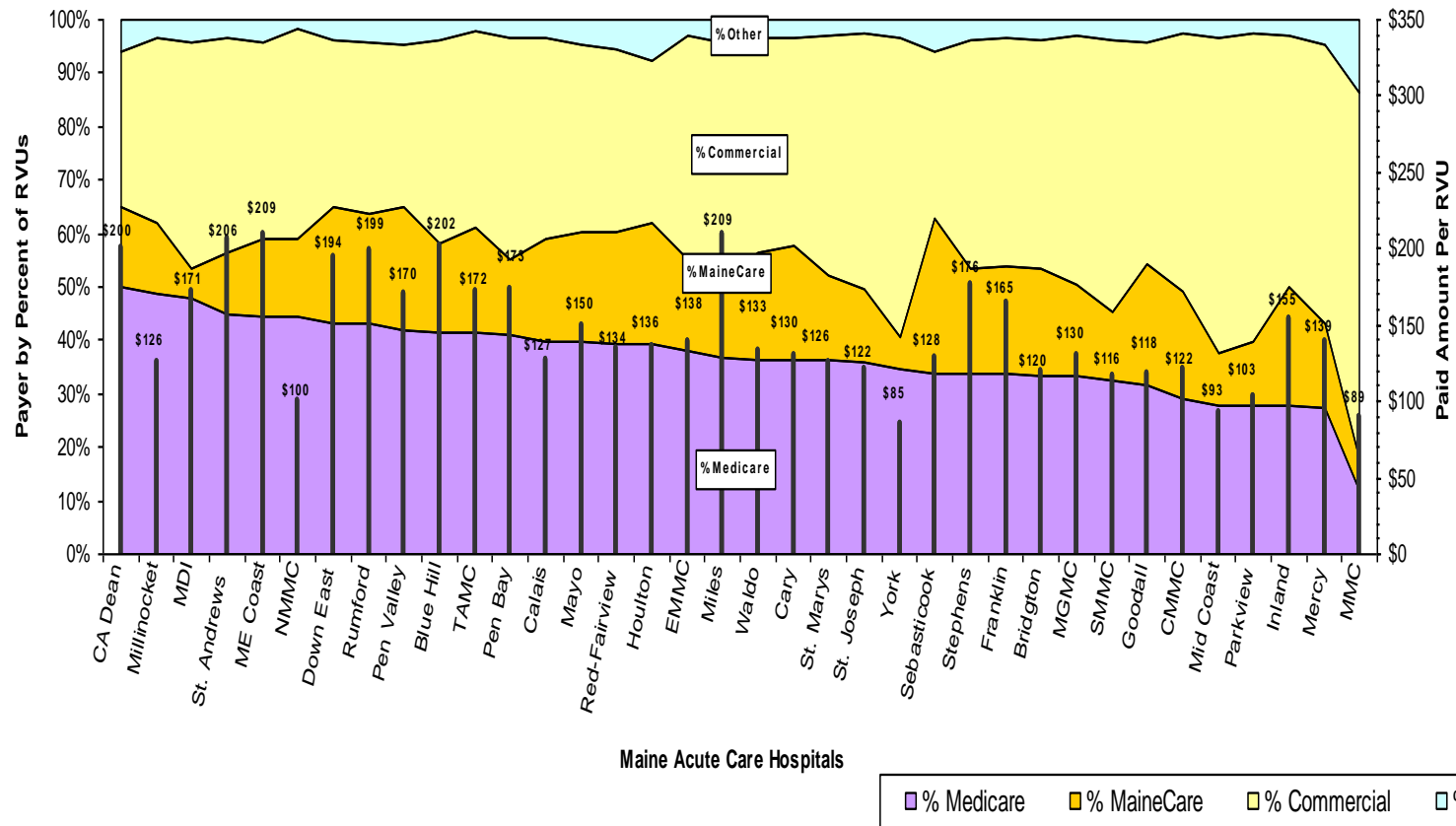


Source: Maine Health Data Organization

Maine Acute Care Hospitals

Medicare Outpatient

Payer Distribution by Relative Value Units (from Outpatient Data) and Average Commercial Paid Amount per Relative Value Unit (from Commercial Outpatient Data and Commercial Claims Data) 2007 - Sorted by Medicare

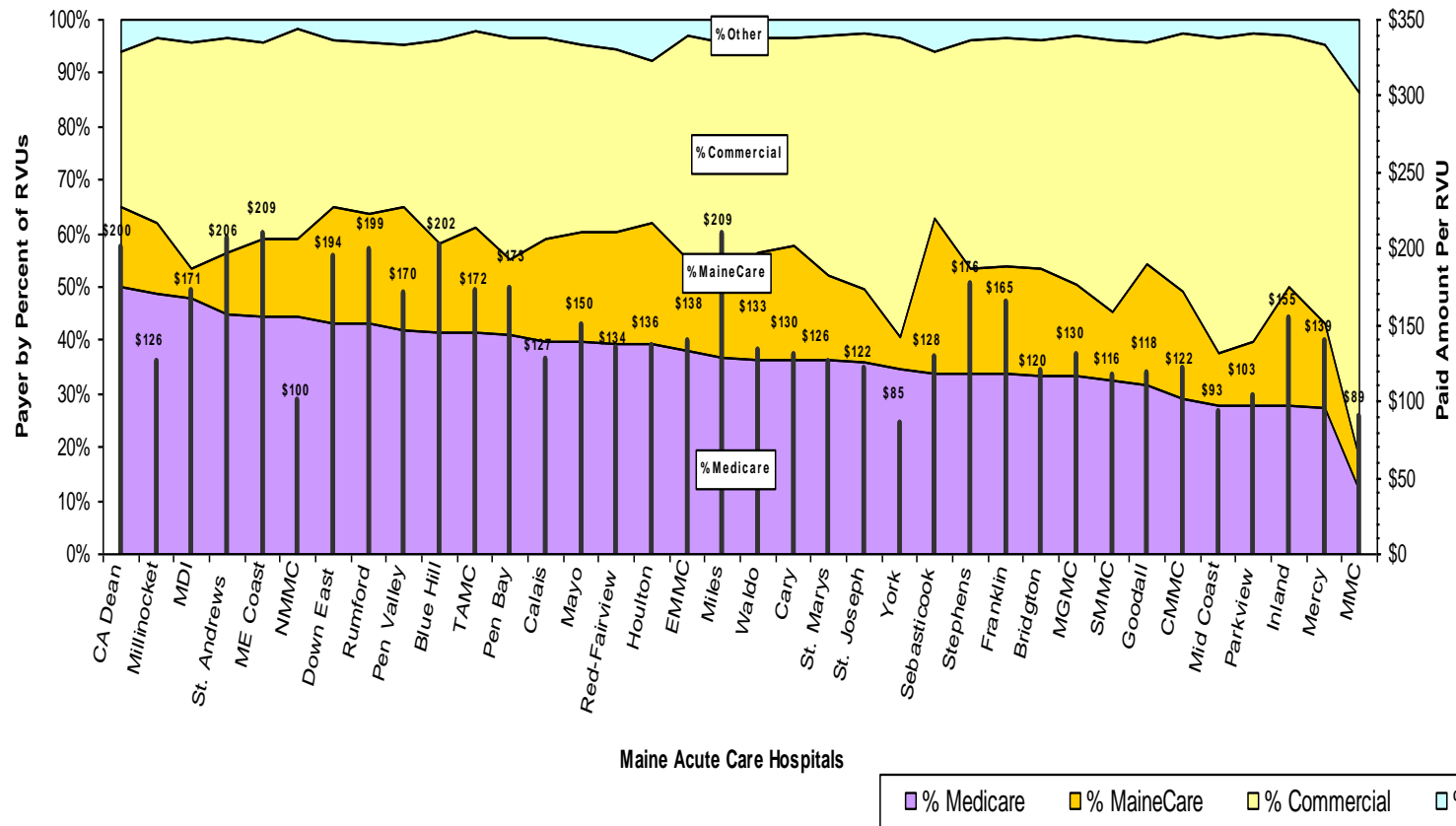


Source: Maine Health Data Organization

Maine Acute Care Hospitals

Medicare Outpatient

Payer Distribution by Relative Value Units (from Outpatient Data) and Average Commercial Paid Amount per Relative Value Unit (from Commercial Outpatient Data and Commercial Claims Data) 2007 - Sorted by Medicare



Source: Maine Health Data Organization

Total IP Adverse Drug Events Discharge, Rate, Total Paid, and Average Paid, 2006-2007 for Maine and New Hampshire

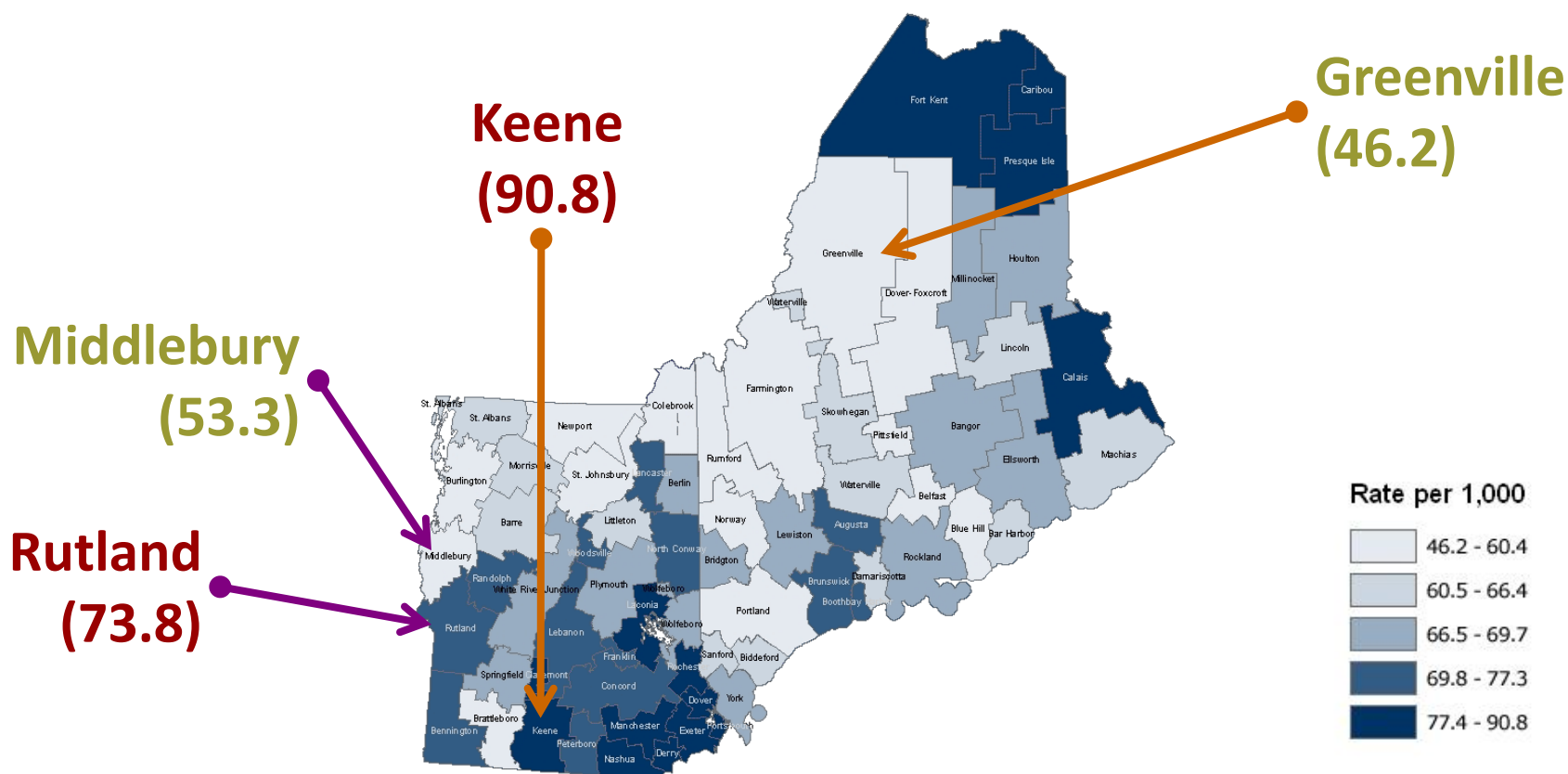
Maine	IP Discharges	Rate / 1,000 Discharges	Total Paid	Average Paid
2006	747	26.7	\$ 11,864,264	\$ 15,883
2007	770	34.5	\$ 13,705,995	\$ 17,800
Total	1,517	30.1	\$ 25,570,259	\$ 16,856
% Increase	3%	29%	16%	12%

New Hampshire	IP Discharges	Rate / 1,000 Discharges	Total Paid	Average Paid
2006	459	22.3	\$ 5,712,414	\$ 12,445
2007	504	25.1	\$ 6,719,104	\$ 13,332
Total	963	23.7	\$ 12,431,518	\$ 12,909
% Increase	10%	12%	18%	7%

SOURCE: UNH & HEALTHINFONET

Tri-State Variation in Health Services

Advanced Imaging – MRIs



Source: State of Vermont

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